Γ	P/	NOTENT APPL	CATI	ON FEE DET	ERMINATI			ntonnation un	ess a cest	BUGG GLDocket N	Control m	
1	Substitute for Form PTO-875									197835,825		
1	CLAIMS AS FILED - PART I							•		7		
١.	(Column 1) (Column 2)						. SMALL	ENTITY	OR		RTHAN	
\vdash					Column 2)	7	38941	- Collect	-	SMALI	LENTITY	
L .,	FOR NU		BER FILE	O Mus	NUMBER EXTRA		RATE	FEE		RATE	FE	
C	(37 CFR 1,18(st))					1		T	OR	Resid	.77	
	TOTAL CLAIMS 37 CFR 1.16(d) 1-3-5 minus 20 a				^	٦٠		+	┧ ∽	E-163(4'	
INDEPENDENT CLAIMS		AMS 2	2.		 		<u> * * °</u>	 	OR .	X 5•	<u> </u>	
[0]	CFR 1.15(b))		minus	3.		- ا افي	X 8'		QR.	× 1 •	Ι.	
4	MIA.TIPLE DEPENDENT CLAIM PRESENT D7 CFR 1.16(40)						+1	1	OR	+3		
۱۰	If the difference in octumn 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	70	
	٠.	CI AIMS AS AI	JENNE	n - BARTII	•			•	•			
l	CLAIMS AS AMENDED - PART II											
L.,	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		RTHAN	
⋖		CLAIMS REMAINING		HIGHEST	PRESENT	7 (T	7		ENTITY	
ĒN	:[AFTER		MUMBER PREVIOUSLY		1	RATE	ADOI- TIONAL		RATE	ADD	
ME	Total	AMENDMENT	Minus	PAID FOR	-	4		FEE	1		FEE	
Š	(SJ CFR 1.18kg)	13	Imiraya	70	T*V	<u> </u>	x 8 a		OR ·	× 1		
Ū	Enghradeors (DCDL1 FFQ 12)	1 1	Minus	- S	1	1	X 8=		1	X3 .		
AM	FIRST PRESEN	TATION OF MIR TIO	E DEDEN	M. C		1		 	OR	, · · · ·		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					J	<u> </u>	<u> </u>	OR			
	•					٠	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	•	(Column 1)		(Calumn 2)	(Cotumn 3)				•		I	
В	· ·	CLAUMS	T	HIGHEST	T	. 1						
	İ	REMAINING AFTER	ļ	NUMBER PREVIOUSLY	PRESENT	.	RATE	ADD1	ł	RATE	ADDI	
回	Total -	AMENDMENT		PAID FOR		JL		TIONAL FEE	,	1	TIONA FEE	
2	िर्दर्श (३७ दास १.५६५द	12	Minus	20	1.0-	•	X 8=			xs -		
ENDMENT	Independent (IF CFR 1.15pg)	1 7	Minus	··· 3	- 1			/	OR ·	^*		
¥		<u> </u>	Ь		1 0	H	X 8 =	/_	OR	x 5		
	FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (37 CFR 1.15(d))						+5		QR	+50	• /	
							TOTAL ADD'L FEE	7	'	TOTAL	$\overline{}$	
							ALD L PEE		OR	ADD'L FEE	/	
_		(Column 1) CLAIMS		(Cotumn 2)	(Catumn 3)							
인		REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ACCI-	
칢		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	7		TIONAL			TIONAL	
Σ	Total CF CFR LINCO	٠.٠٦	Minus -	* () **	•	F	$\overline{}$	FEE			FEE	
읾	Independent	· /	Minus	1/0		ŀ	x \$= \	<u> </u>	OR	x 5_ •		
Σľ	CO COM 1.1600		774440				x \$=		QR	x s		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DI CFR 1.15(4))					ŀ	+		OR			
							TOTAL	}	ا س	TOTAL	/	
		fumn 1 is less the				•	ADD'L FEE		OR	ADD'L FEE	•	

Interception of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to Be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will very depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THUS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-8199 and saled option 2